



# Community Services Commission Awards Program Application

Character Counts Sportsmanship Award

Selfless Volunteer Award

Name of Nominee: \_\_\_\_\_ Age: \_\_\_\_\_ (Optional)

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Sponsor: \_\_\_\_\_

Sponsor's Phone: \_\_\_\_\_

Sponsor's Organization: \_\_\_\_\_

Please provide a complete profile of the nominee's services. We encourage you to use additional paper to elaborate on why your nominee deserves recognition.

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**LIST TWO REFERENCES:** (Please ensure that the references listed have knowledge of and agree to be contacted)

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_



**RETURN NOMINATIONS TO:**

Community Services Commission  
City of San Gabriel  
250 S. Mission Dr  
San Gabriel, CA 91776

**NOMINATIONS DUE BY:**

Friday, May 4, 2018 by 5:00 pm